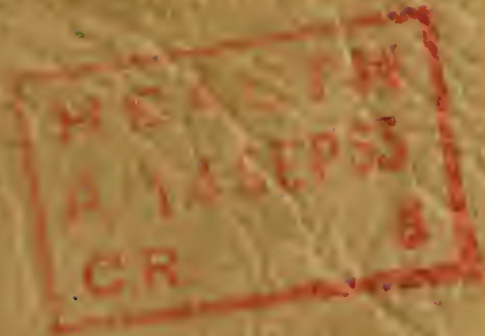


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THE RURAL DISTRICT COUNCIL OF SKIPTON

ANNUAL REPORT

OF THE



MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

BY

M. Hunter, M.B.E., M.D., D.P.H.

The Rural District Council of Skipton

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1952

by

M. HUNTER, M.B.E., M.D., D.P.H.



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Divisional Health Office,
19a, High Street,
Skipton.

To the Chairman and Members of the
Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the report for the year 1952., and including as an appendix a report on the Local Health Authority's services in the West Riding County Council's No.1. Health Division which covers the urban districts of Silsden, Skipton, Earby and Barnoldswick, and the Skipton Rural District.

The sections of the report dealing with housing, factories, environmental hygiene, and the supervision of food have been compiled by the Chief Sanitary Inspector to whom my thanks are due, not only for this, but for his co-operation and assistance throughout the year.

It is, of course, but a brief report on the work performed, and is largely without news value. Only by looking back to the beginning of the century can a true appreciation be obtained of what has been done by advances in medicine and the prevention of disease. During that period infant and maternal mortality rates alike have fallen to one fifth: the death rate of school children has fallen by some 79%: the dreaded summer diarrhoea of infants has been abolished: and the proportion of people over 65 has more than doubled: These are but a few examples. "The first duty of medicine" wrote Sir George Newran "is not to cure disease but to prevent it".

In concluding this introduction, I should like to place on record my thanks to the Chairman and Members, the Clerk and other officials, and the staff of the department for their kindness and courteous assistance at all times.

I am

Your obedient servant.

M. Hunter.

Medical Officer of Health.

SECTION A - STATISTICS AND SOCIAL CONDITIONS.

Area of the Rural District (acres)...	146,087
Estimated population ...	24,060
Population at 1951 Census ...	23,715
Number of Inhabited Houses (estimated)...	8,009
Rateable Value for General Rate ...	£140,948. 0. 0.
Sum represented by a Penny Rate. ...	£555. 0. 0.

BIRTHS:

	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
Live, Legitimate ...	303	149	154
Illegitimate ...	<u>4</u>	<u>1</u>	<u>3</u>
Total:	<u>307</u>	<u>150</u>	<u>157</u>

Still, Legitimate ...	9	6	3
Illegitimate ...	<u>1</u>	<u>-</u>	<u>1</u>
Total:	<u>10</u>	<u>6</u>	<u>4</u>

Total Births:	<u>317</u>	<u>156</u>	<u>161</u>
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BIRTH RATES:

Live Births (per 1,000 estimated population) ...	12.75
Still Births(per 1,000 live and still births) ...	31.55

DEATH RATES:

(crude)

(per 1,000 estimated population).

All causes ...	13.25
Tuberculosis of Respiratory System12
Other forms of Tuberculosis...	.08
Respiratory Diseases78
Cancer ...	1.95
Heart and Circulatory Diseases ...	5.36

Death Rate of Infants under One year of age.

All Infants (per 1,000 live births)...	26
--	----

Birth Rates, Death Rates, Analysis of Mortality, Maternal
Mortality and Case Rates for Certain Infectious Diseases
in the year 1952.

Provisional figures bases on Quarterly Returns.					
	England and Wales.	C.B.'s and great towns incl. London.	Smaller towns (resident pop. 25,000-50,000 at 1951 Census)	London Admin. County.	Skipton Rural Dist- rict.
Rates per 1,000 Home Population.					
<u>BIRTHS:</u>					
Live Births	15.3	16.9	15.5	17.6	12.75
Still Births	(0.35 (22.6(a)	0.43 24.6(a)	0.36 23.0(a)	0.34 19.2(a)	.41 31.55(a)
<u>DEATHS:</u>					
All causes	11.3	12.1	11.2	12.6	13.25
Typhoid and Paratyphoid	0.00	0.00	0.00	-	-
Whooping cough	0.00	0.00	0.00	0.00	-
Diphtheria	0.00	0.00	0.00	0.00	-
Tuberculosis	0.24	0.28	0.22	0.31	.20
Influenza	0.04	0.04	0.04	0.05	.08
Smallpox	0.00	-	-	-	-
Acute Poliomyelitis (incl. Polio- encephalitis)	0.01	0.01	0.00	0.01	.04
Pneumonia	0.47	0.52	0.43	0.58	.20
<u>NOTIFICATIONS:</u>					
(corrected)					
Typhoid	0.00	0.00	0.00	0.00	-
Paratyphoid Fever	0.02	0.02	0.03	0.01	-
Meningococcal Infection	0.03	0.03	0.03	0.02	-
Scarlet Fever	1.53	1.75	1.58	1.56	.83
Whooping cough	2.61	2.74	2.57	1.66	2.66
Diphtheria	0.01	0.01	0.03	0.01	-
Erysipelas	0.14	0.15	0.12	0.14	.24
Smallpox	0.00	0.00	0.00	-	-
Measles	8.86	10.11	8.49	9.23	9.64
Pneumonia	0.72	0.80	0.62	0.57	1.45
Acute Poliomyelitis (incl. Polio- encephalitis)					
Paralytic:	0.06	0.06	0.06	0.06	.12
Non-paralytic:	0.03	0.03	0.02	0.03	.04
Food Poisoning	0.13	0.16	0.11	0.18	.04
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	-(a)

continued

England and Wales	C.B.'s and great towns incl. London.	Smaller towns (resident pop. 25,000 - 50,000 at 1951 Census)	London Admin. County	Skipton Rural District.
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Rates per 1,000 Live Births.

DEATHS:

All causes under
1 year of age.

27.6(b)	31.2	25.8	23.8	26.05
---------	------	------	------	-------

Enteritis and
Diarrhoea under
2 years of age.

1.1	1.3	0.5	0.7	-
-----	-----	-----	-----	---

MATERNAL MORTALITY.

Rates per 1,000 Total (Live and Still) Births.

	England and Wales.	Skipton Rural District.
Sepsis of pregnancy, childbirth and the puerperium	0.09	-
(Abortion with toxæmia)	0.02	-
(Other toxæmias of pregnancy and the puerperium	0.21	-
Hæmorrhage of pregnancy and childbirth	0.09	-
Abortion without mention of sepsis or toxæmia	0.04	-
Abortion with sepsis	0.07	-
Other complications of pregnancy, childbirth and the puerperium	0.20	-

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related live births.

DEATHS:
CAUSES OF DEATH.

Disease.	Males.	Females.	Total.
Tuberculosis Respiratory	3	-	3
Tuberculosis Other	2	-	2
Syphilitic Diseases	1	-	1
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infections	-	-	-
Acute Poliomyelitis	1	-	1
Measles	-	-	-
Other infective and parasitic diseases	-	1	1
Malignant Neoplasm, stomach	5	4	9
Malignant Neoplasm, lung, bronchus	1	1	2
Malignant Neoplasm, breast	-	5	5
Malignant Neoplasm, uterus	-	1	1
Other malignant and lymphatic Neoplasms	14	15	29
Leukaemia, aleukaemia	-	1	1
Diabetes	1	-	1
Vascular lesions of nervous system	26	40	66
Coronary diseases, Angina	29	22	51
Hypertension with heart disease	3	2	5
Other heart diseases	27	34	61
Other circulatory diseases	3	9	12
Influenza	2	-	2
Pneumonia	3	2	5
Bronchitis	5	7	12
Other diseases of respiratory system	-	-	-
Ulcer of stomach and duodenum	1	-	1
Gastritis, enteritis and diarrhoea	-	-	-
Nephritis and Nephrosis	4	2	6
Hyperplasia of prostate	5	-	5
Pregnancy, childbirth, abortion	-	-	-
Congenital malformations	-	1	1
Other defined and ill-defined diseases	5	15	20
Motor vehicle accidents	4	-	4
All other accidents	5	2	7
Suicide	1	4	5
Homicide and operations of War	-	-	-
ALL CAUSES:	151	168	319

COMMENTARY ON VITAL STATISTICS.

BIRTHS:

A birth rate of 12.8 shows a progressive reduction on the rates of 13.9., 14.8 and 14.9 in the three preceding years. The adjusted birth rate obtained by using the area comparability factor was 13.4. This factor is supplied by the Registrar General and permits a comparison to be made between populations which vary in their constitution according to age and sex, and in which birth and death rates are not otherwise strictly comparable.

The birth rate for England and Wales in 1952 was 15.3., compared with 15.5., 15.8., 16.7 and 17.9 in the four preceding years.

DEATHS:

The crude death rate was 13.3., and the adjusted death rate obtained by using the area comparability factor was 12.1. The rate for England and Wales as a whole was 11.3. Diseases of the heart and circulatory system were by far the commonest cause of death, followed by vascular lesions of the central nervous system, and cancer.

INFANTILE MORTALITY.

This is the death rate of children under one year per 1,000 births. In 1952 it was 26.1., compared with a rate of 27.6 for England and Wales as a whole. The rates in the district during the three preceding years were 17.9., 37 and 17., but it should be remembered that fluctuations are given a disproportionate emphasis by the small figures involved in these calculations.

MATERNAL MORTALITY.

There were again no deaths attributable to pregnancy, childbirth or the puerperium during the year. The maternal mortality rate for England and Wales, calculated per 1,000 live and still births fell to 0.72 in 1952., compared with 0.79., 0.86 and 0.98 in the three preceding years.

Whilst vital statistics have for long been regarded and still form a useful guide to the major causes of death their value as an index of the health of a district is now being questioned. For when many of the grave diseases, particularly infections, are a thing of the past or have diminished in importance, it is becoming evident that we lack reliable statistical evidence on morbidity, i.e., ill health of the kind which fills hospitals, out-patient departments and doctors' surgeries, and which results not in death but in lowered resistance, anxiety states, and an inability to make the most of life. It has, therefore, been suggested that other indices of social health or ill health should be considered such as the fall in the birth rate, the suicide rate, the incidence of juvenile delinquency, the industrial sickness rate, and the extent of absenteeism, if we are to obtain a true estimate of the health of the nation and avoid an excess of optimism.

SECTION B.

PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL.

The home nursing, midwifery, health visiting, ambulance, home help and mental health services are provided by the County Council and dealt with in the Appendix.

Reference will also be found there to staffing and clinic arrangements, vaccination and immunisation, the prevention of illness, and the school health service.

2. LABORATORY SERVICE.

The Medical Research Council's laboratories in Wakefield and Bradford are available for the examination of water, milk, ice-cream and a variety of pathological specimens. They provide an excellent service and the advice and assistance of the directors is greatly appreciated.

3. BLIND PERSONS.

There are 34 blind persons registered in the district. Supervision is given by the Blind Persons Teacher employed by the County Council, and specialist examinations are carried out periodically by an ophthalmologist.

4. WATER SUPPLIES.

The following information has been supplied by Mr. Yeadon, the Engineer and Surveyor:-

SCHEDULE "A".

Information re quality and quantity of water supplied from the Council's own undertakings in the year 1st January, 1952., to 31st December, 1952.

<u>Township.</u>	<u>Quality of Water.</u>	<u>Quantity of Water.</u>	<u>Remarks.</u>
Appletreewick	Good organic quality.	Sufficient for present needs.	Water has low P.H. value and reacts on iron pipes.
Beamsley.	Doubtful quality.	Insufficient.	Only five houses on Council's supply. Scheme prepared for taking water from Chatsworth Ests. Supply.

WATER SUPPLY -- continued

<u>Township.</u>	<u>Quality of water.</u>	<u>Quantity of water.</u>	<u>Remarks.</u>
Bradleys Both	Generally satisfactory	Sufficient	
Buckden.	Satisfactory after chlorination	Sufficient	
Calton.	Variable quality.	Sufficient.	
Coniston Cold.	Satisfactory after chlorination.	Insufficient to meet present needs.	Scheme being prepared to take water from Gargrave.
Conistone- w-Kilnsey.	Doubtful quality.	Sufficient.	Only two houses in Kilnsey supplied.
Cononley.	Satisfactory.	Sufficient.	
Draughton.	Satisfactory.	Sufficient.	Bulk supply from Skipton U.D.C.
Embsay-w- Eastby.	Satisfactory.	Sufficient.	Bulk supply from Skipton U.D.C.
Gargrave.	Satisfactory after chlorination.	Not sufficient storage.	Supply augmented during dry periods from Pound Well by pumping.
Glusburn.	Satisfactory generally.	Insufficient to meet present demands.	
Grassington.	Doubtful quality.	Insufficient.	Gravity supply to be chlorinated. Water from Brow Well taken during periods of shortage.
Hartlington.	Satisfactory.	Sufficient.	Total hardness 15.7 parts per 100,000.
Hebden.	Satisfactory.	Storage insufficient.	
Hetton.	Satisfactory.	Sufficient at source. Storage inadequate.	

WATER SUPPLIES - continued

<u>Township.</u>	<u>Quality of water.</u>	<u>Quantity of water.</u>	<u>Remarks.</u>
Kettlewell- w-Starbotten.	Satisfactory.	Sufficient.	Several high level houses in Starbotten with only poor pressure.
Linton.	Generally satisfactory.	Sufficient.	Supply augmented from Threshfield supply.
Rylstone.	Satisfactory.	Sufficient at source. Storage inadequate.	
Steeton-w- Eastburn.	Generally satisfactory.	Sufficient.	
Sutton.	Satisfactory after chlorination.	Sufficient.	Supply augmented from Keighley Borough when required.
Thornton.	Satisfactory.	Sufficient.	

SCHEDULE "B".

Bacteriological Examinations and Chemical Analyses of Water Samples
taken in the year 1st January, 1952 to 31st December, 1952.

<u>Township.</u>	<u>No. of samples of raw water.</u>	<u>Results.</u>	<u>No. of samples of treat- ed water.</u>	<u>Results.</u>	<u>Chemical Samples.</u>	<u>Results.</u>
Appletreewick	3	2 Class 1 1 Class 2				
Bradleys Both	(Gravity supply 8 ((Borehole supply 3	8 Class 1) (1 Class 4) 2 Class 1)				
Buckden	3	2 Class 4 1 Class 2	3	3 Class 1		

continued -

<u>Township.</u>	<u>No. of samples of raw water.</u>	<u>Results.</u>	<u>No. of samples of treat- ed water.</u>	<u>Results.</u>	<u>Chemical Samples.</u>	<u>Results.</u>
Calton.	3	2 Class 3 1 Class 4				
Coniston Cold.	2	3 Class 4	3	1 Class 2 2 Class 1		
Conistone-w- Kilnsey	3	1 Class 2 2 Class 4				
Cononley.	4 Bore- hole supply.	3 Class 1. 1 Class 2			2	Satisfactory organic quality.
	4 Gravity supply.	3 Class 1 1 Class 2				
Draughton.	---	---				
Embsay-w-	1	Class 1				
Eastby.	1	1 Class 2				
Gargrave.	3 Gravity supply.	1 Class 2 2 Class 4	4 Gravity supply.	3 Class 1 1 Class 4		
Glusburn.	(6 High Level reservoir (4 Low Level reservoir (10 Middle reservoir (13 Bore- hole. (4 Class 1 1 Class 2 1 Class 4) 2 Class 2 2 Class 4) 5 Class 1 5 Class 4) 11 Class 1 1 Class 2 1 Class 3			4	Satisfactory organic quality.
Grassington.	5 Gravity supply	1 Class 1 4 Class 4				
Hartlington.	3	1 Class 1 1 Class 2 1 Class 3			1	Good organic quality.

continued -

<u>Township.</u>	<u>No. of samples of raw water.</u>	<u>Results.</u>	<u>No. of samples of treat- ed water.</u>	<u>Results.</u>	<u>Chemical Samples.</u>	<u>Results.</u>
Hebden.	6	2 Class 1 1 Class 2 2 Class 3 1 Class 4				
Hetton.	3	1 Class 1 2 Class 3				
Kettlewell.	4	1 Class 1 1 Class 3 2 Class 4				
Starbotten.	3	1 Class 1 2 Class 4				
Linton.	3	1 Class 1 1 Class 2 1 Class 3				
Steeton-w- Eastburn	9	5 Class 1 2 Class 3 2 Class 4				
Sutton.	(52 Gravity (Supply. 222 ((((((1 Burnroyd ((6 Sutton (Mill. (Class 1) Class 1) Class 3) Class 3) Class 4) Class 4) Class 3) Class 1) Class 3) Class 4)	7	2 Class 1 4 Class 4 1 Class 3		
Thornton.	2	2 Class 1				
Threshfield (Linton supply)	3	1 Class 1 1 Class 2 1 Class 4				

SCHEDULE "C".

Water liable to have plumbo-solvent action and action taken.

Thornton-in-Craven. Residents have been issued with instructions as to methods to avoid such contamination.

SCHEDULE "D".

Action taken during year to supplies liable to contamination.

<u>Source.</u>	<u>Precaution.</u>
Buckden.	All water chlorinated before being passed to consumer.
Coniston Cold.	All water chlorinated.
Gargrave.	Gravity and Pound supplies chlorinated.
Glusburn.	Low level supply chlorinated, extra precautions taken when borehole supply is in use. Water treated with copper sulphate to eliminate growth of algae.
Grassington.	Brow Well supply chlorinated when in use. Chlorinator is being installed on Gravity supply.
Sutton.	Gravity and Burnroyd Well supplies are chlorinated before being passed to the mains.

SCHEDULE "E".

Properties supplied with water direct to houses by Skipton Rural District Council.

<u>Township.</u>	<u>No. of Premises.</u>	<u>Estimated Population.</u>
Appletreewick	34	90
Beamsley	5	12
Bradleys Both	172	470
Buckden	34	66
Calton	10	30
Coniston Cold	42	133
Conistone-w-		
Kilnsey	19	70
Cononley	238	809
Draughton	28	84
Embsay-w-		
Eastby	356	1,145
Gargrave	479	1,045
Glusburn	850	2,309

<u>Township.</u>	<u>No. of Premises.</u>	<u>Estimated Population.</u>
Grassington	368	1,057
Hartlington	14	60
Hebden	80	235
Hetton	32	90
Kettlewell-w-		
Starbotten	103	307
Linton	48	373 (includes
Rylstone	10	24 Linton Camp).
Steeton-w-		
Eastburn	869	2,344
Sutton	827	2,253
Thornton	80	250

5. SEWERAGE.

There have been no important additions to existing works during the year. Proposals for sewerage Buckden village and an extension to serve certain dwellings in Grassington did not receive Ministerial approval.

6. HOSPITAL SERVICES.

There have been no major alterations in the general arrangements during the year. The proportion of births taking place in hospital is very high, and no application for admission has been refused. Even so, there have been periods when a proportion of beds have been unoccupied, and a review of the hospital maternity services is overdue.

There has been no difficulty in securing accommodation for cases of infectious disease, and the pressure on beds for the aged and chronic sick appears to be rather less. It is hoped that the Skipton General Hospital will eventually be developed to meet the needs of the Craven District, for present arrangements fall far short of that ideal. It may be of interest to the reader of this report to know that the cost of the hospital services in England and Wales is now £250 million per annum, and the following table shows the average cost per week of maintaining a patient during the year ended 31st March, 1951 in the different types of hospital in the Leeds Regional Board's area.

<u>Wholly general.</u>	<u>Mainly chronic.</u>	<u>Maternity.</u>	<u>Mental.</u>	<u>Tuberculosis.</u>
£13. 4. 7.	£7. 13. 1.	£16. 19. -	£3. 9. 10.	£9. 6. 9.

HOSPITAL SERVICES -- continued

This expenditure on hospital services has increased year by year, and there is now no doubt that more emphasis should be placed on the home services; i.e., home nursing, domiciliary midwifery and home help services. Quite apart from the fact that unless hospital admission is imperative, most patients are happier and would prefer to remain at home.

7. NATIONAL ASSISTANCE ACTS, 1948 and 1951.

These Acts provide for the removal to hospital or other suitable place of persons suffering from grave chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves, and not receiving from other persons proper care and attention.

It was not necessary to take action under these Acts during the year, for although cases of this type came to notice it was eventually possible to deal with all of them by other methods.

8. ATMOSPHERIC POLLUTION.

The measurement of atmospheric pollution is undertaken by the County Council in co-operation with the Department of Scientific and Industrial Research, and three types of instrument are located in Skipton. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO_3) pollution, and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

Month.	Rainfall in m.m.	Total Solids deposited in tons per sq. mile.	Sulphur - in milligrammes (SO_3) per 100 sq. cms. per day.	Average daily Suspended impurity in milligrammes per cubic metre.
January	108	13.85	0.86	55.2
February	22	8.05	0.79	55.2
March	40	5.63	4.55	39.4
April	57	17.25	0.53	55.2
May	No figures available.		0.48	30.2
June	63	11.35	0.27	30.2
July	82	21.53	0.18	21.0
August	103	14.69	0.40	23.0
September	102	16.95	0.32	No figures available.
October	104	15.63	0.59	" " "
November	49	11.39	0.70	33.3
December	91	20.38	0.97	39.4

ATMOSPHERIC POLLUTION - continued

It has been estimated that each year in Britain about 3 million tons of solid matter are thrown into the air together with about 5 million tons of sulphurdioxide. Most of the ash is from non-domestic sources, but half the carbonaceous matter or 'smoke' is derived from the inefficient and wasteful domestic fire. This pollution of the air causes not only economic loss, but also has important social implications, and although some progress has been made towards its reduction by legislation, education and in the improved design of fires and furnaces, a great deal more remains to be done.

The evil results of atmospheric pollution were evident in London in early December when there was a very severe fog. The deaths registered rose from 945 for the week ending December 6th to 2,484 in the following week, the increase being associated almost entirely with disorders of the heart and respiratory system. These figures refer only to deaths: one can only surmise what the effect may have been on the health of those Londoners who did not die.

9. CREMATION.

The Skipton Urban District Council's Crematorium was opened on 30th May, 1952., and since that date over three hundred cremations have taken place. There is a growing demand for this simple, complete, hygienic and reverent method of disposal of the dead, and the establishment of a Crematorium in Skipton meets a long standing need over a wide area. It is also an economic method, for half a million people die in Great Britain each year, and to bury them requires on an average, 500 acres of land.

The Medical Officer of Health is medical referee to the Crematorium, assisted by a deputy as required.

10. FOOD HYGIENE.

Although no outbreak of food poisoning was reported in the district during the year, we all live under the constant threat of infections due to germs of intestinal origin. The prevention of food poisoning depends on sound personal and environmental hygiene, and the following abstract from the Report of the Chief Medical Officer on "The State of the Public Health in 1950" provides an excellent summary.

"While much has still to be discovered about the spread of food infections, particularly those associated with the salmonellae, the application of present knowledge by caterers might make an immediate and substantial difference to the size of the problem. Nearly half the outbreaks where the kind of food by which the infection was spread was ascertained were associated with processed, made-up and re-heated meat dishes such as meat pies, brawn, sausage, pressed beef, re-heated and cold meats, stews, gravy and stock. These outbreaks were due to failure to maintain an adequate standard of personal and kitchen hygiene, and to faulty methods used in preparing food for large numbers. Harmful bacteria usually get into food from the contaminated hands of kitchen workers and cooks. Scrupulous personal hygiene is essential for all food handlers. Every effort must be made by employers to provide wash-hand basins in kitchens and water-closets, with abundant hot water, soap, nail brushes

and clean towels. Employees must be made to recognise that it is their duty to wash their hands and forearms frequently during the day's work and that particular care is required after visits to the water-closet. Though education in the hygiene of food preparation is now spreading owing to the efforts of medical officers of health and the catering trade, it still lags far behind what is necessary. Members of the public can speed the progress by actively insisting that their food is prepared and served with due regard to cleanliness at all stages".

Trifles, custard, cream buns, ice-cream and other foods of a like kind usually provide the means of transmission of infection in the other half of the outbreaks. Whilst infected duck eggs still continue to provide their quota of cases. Contrary to what is often thought there is little danger in this country from the use of meat derived from diseased animals: it lies wholly in the methods of preparation and sale.

This subject is one which obviously requires a great deal of attention, for food poisoning is an entirely preventable disease.

SECTION C.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

1. DIPHTHERIA.

Another year has passed without a single case of diphtheria in the district. The incidence throughout the country is still falling, and in 1951 there were 34 deaths and 699 notifications compared with some 3,000 deaths and 55,000 to 60,000 cases per annum in the years before the last war. Fifty years ago there were nearly 10,000 deaths per annum.

This great achievement in preventive medicine has not received the attention it merits, for the benefit conferred is not appreciated consciously by the person whose life is saved, nor indeed by anyone else. Yet the cost of immunisation against this once dreaded disease is relatively insignificant both in money and in the trouble involved.

2. SCARLET FEVER.

There were 20 cases of scarlet fever compared with 24 and 38 in the two previous years. All were of a mild type and occurred sporadically through the district and the year.

3. WHOOPING COUGH.

This disease was less prevalent, there being 64 cases compared with 182 and 141 in the two previous years. There should soon be a further reduction now that a vaccine is freely available, provided it is generally accepted.

4. MEASLES.

As 1951 was the year of the biennial epidemic the cases in 1952 were expected to be much fewer. There were, in fact, 232 cases.

5. PNEUMONIA

35 notifications were received compared with 38 in the previous year. With modern treatment this is now an infrequent cause of death.

6. TUBERCULOSIS.

Under Section 28 of the National Health Service Act the Medical Officer of Health is responsible for the prevention of tuberculosis, and for the after care of patients. Preventive measures include the tracing of the source of infection in notified cases, the following up and examination of contacts, the training of patients in a mode of life and habits which will render them 'safe' to the community, and the instruction of the family in practical steps to guard against infection. He must be assured of the closest co-operation by the other responsible authorities, and of full information concerning patients suffering from the infection. In 1949 there were 20,000 deaths from tuberculosis in England and Wales. In the previous year the ratio (%) of deaths to notifications was 38. This gives some idea of the magnitude of the problem, but recent developments at least bear some promise of hastening the day when the disease will be brought under control. These include streptomycin and other new drugs, the use of mass miniature radiography on an increasing scale, tuberculin testing, B.C.G. vaccination, the provision of additional beds in sanatoria, and the elimination of tuberculosis germs from milk either by pasteurisation or the establishment of herds free from infection. It should not pass unnoticed that during this year Denmark held celebrations to mark the final eradication of tuberculosis from her dairy herds.

In so far as this district is concerned, there were 24 cases notified compared with 25 and 15 in the two preceding years. There were 6 deaths from the disease. 22 patients were admitted to sanatoria, and 17 patients discharged.

B.C.G. VACCINE. This has been offered by the Chest Physician in all suitable cases. It is a form of inoculation similar in principle to smallpox vaccination, and produces in the human body an artificially acquired resistance to the disease. As it has only been in use in this country for a comparatively short time, it is uncertain whether it offers complete protection, but there is little doubt that it reduces the risk of contracting tuberculosis.

MASS RADIOGRAPHY - is used for the detection of early and symptomless cases of tuberculosis, and the Units available in this country are examining about two million people every year. About 3.5 per thousand of all persons examined are found to have active tuberculous conditions.

A Unit of the Regional Hospital Board visited Skipton during the year, but did not operate elsewhere in the area. It is difficult for

MASS RADIOGRAPHY - continued

administrative reasons to give figures on a strictly local basis, so the findings are given as received. They apply to persons attending entirely of their own volition.

1. <u>Examinations carried out.</u>	<u>Males.</u>	<u>Females.</u>
(a) Miniature X-rays taken.	357	509
(b) Large X-rays taken.	22	17
2. <u>Analysis of Provisional Findings.</u>		
(a) Cases of active tuberculosis	-	1
(b) " " inactive "	5	6
(c) Other abnormalities	9	6
(d) Failed to attend for large film.	3	3

Although there is hesitancy in drawing conclusions from such a small survey the findings in respect of active cases again compare very favourably with both regional and national figures.

7. VENEREAL DISEASES.

Notification of these diseases is not made to the Medical Officer of Health but the County Venereologist has been able to provide certain figures. During the year there were eight cases attending special treatment centres, but only in 3 cases was the diagnosis confirmed. Other cases may have been treated by general practitioners without reference to the special centres.

Facilities for diagnosis are available at the Keighley, Leeds and Bradford hospitals, and certain medical practitioners in the district provide a modified service. The County Council employ a social worker to follow up cases and contacts when required.

8. POLIOMYELITIS.

Four cases occurred, one in a child with a moderate degree of paralysis, and three in adults. Of the adult cases, one was of the non-paralytic type, but in the others there was severe paralysis with a fatal termination in one case. There was no connection between any of these cases, and investigations failed to reveal the sources of infection.

9. OTHER DISEASES.

One fatal case of food poisoning occurred being a complication of other conditions in an elderly person. It was not possible to trace the source of infection. One case of dysentery was notified, and six cases of erysipelas.

NOTIFICATIONS OF AND DEATHS FROM INFECTIOUS DISEASES.

Disease Notified	Age Groups								Total cases noti- fied	Cases adm. to hospi- tal	Total Deaths
	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 and over	age un- known			
Scarlet Fever	-	1	8	8	3	-	-	-	20	11	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	1	-	-	-	1	2	-	4	4	1
Measles	3	46	68	107	2	1	5	-	232	2	-
Whooping Cough	2	12	22	32	2	-	4	-	64	-	-

Age Groups

Disease Notified	Age Groups						age un- known	Total cases noti- fied	Cases adm. to hospi- tal	Total Deaths
	0 to 5	5 to 15	15 to 45	45 to 65	65 and over					
Smallpox	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-
Paratyphoid	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-
Pneumonia	3	1	11	12	8	-	35	-	-	-
Erysipelas	-	-	1	5	-	-	6	2	-	-
Meningococcal Infect- ion	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	1	-	-	1	-	-	-
Food Poisoning	-	-	-	-	1	-	1	1	1	1

REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1952

STAFF OF THE DEPARTMENT

Chief Sanitary Inspector etc. A. W. Craven, M.S.I.A., A.M.Inst.P.C.
Certificate of R.S.I. & San. Insp.
Joint Board as Sanitary Inspector,
Cert. of R.S.I. for Meat and Food,
Cert. of R.S.I. for Smoke Inspection.
Testamur of Institute of Public Cleansing.

Sanitary Inspectors. G. E. Haigh, A.R.S.I., M.S.I.A.
Cert. of R.S.I. & San. Insp.
Joint Board as Sanitary Inspector.
Cert. of R.S.I. for Meat and Food.

W. E. Farley, M.S.I.A.
Certificate of R.S.I. & San. Insp.
Joint Board as Sanitary Inspector.
Cert. & Dip. of R.I.P.H. & H.
Cert. of R.S.I. for Meat and Food.

Junior Assistants. F. R. Hudson.
A. B. Lee (Appointed November).

Female Clerks. E. Sharples.
C. M. Dewhurst.

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the Sanitary Services during the year 1952.

Progress in all fields was maintained and the improvement of the condition of food preparing premises was continued. Although progress in educating food handlers is disappointingly slow, every effort was made by the distribution of a schedule of hints and by personal contact with the people concerned to raise the standard of food hygiene.

The Public Cleansing service was maintained without interruption and during the year plans were worked out for the inauguration of a weekly collection of household refuse in five large parishes in the more populous southern part of the District. Whilst the scheme was accepted by the Council it was only actually operated during the last few weeks of 1952.

The difficulties mentioned last year in inducing property owners to carry out even modest repairs to property were not alleviated, in fact, the position in this respect became steadily worse as building prices rose more and more and rents were static.

In conclusion I should like to state that I believe that steady progress was made in all fields thanks in no small measure to the help and co-operation of the Chairman and members of the Public Health Committee, the Medical Officer of Health and to the loyal and cheerful support of the staff of the Health Department and the workmen attached to it.

I remain,

Your obedient servant,

Arthur W. Craven.

Chief Sanitary and Building Inspector.

TABLE I

SANITARY INSPECTIONS AND VISITS

Accumulations and Deposits.	10
Ashpits.	16
Dustbins.	296
Other nuisances and visits.	192
Closets: Defective.	91
Conversions.	93
Additional.	120
Drains: Defective.	89
Blocked.	12
New.	373
Tested.	70
Dampness.	86
Dirty and Verminous Houses.	13
Foundations.	53
Damp Proof Courses.	29
New Buildings.	419
Completion of buildings.	108
Defective flues and fireplaces.	27
Defective floors.	2
Factories with Mechanical Power.	141
Factories without Mechanical Power.	3
Housing: (P.H. Act).	167
(H. Act).	161
(Other visits).	137
Infectious Diseases: Enquiry.	48
Disinfection.	12
Keeping of Animals.	13
Knackers Yards.	10
Flooding Cellars.	1
Licensing.	24
Outworkers.	52
Overcrowding.	15
Offensive trades.	1
Petroleum.	22
Piggeries and stables.	1
Rain conductors.	100
Roofs.	73
Rodent Control.	13
Refuse Collection and Disposal.	360
Septic tanks.	58
Sinks.	3
Shops.	6
Schools.	11
Smoke: Timed Observations.	9
Visits to Boiler Plant.	5
Tents, vans and sheds.	48
Water supply.	65
Windows.	1
Bakehouses.	142
Butchers' shops.	52

TABLE I (contd.)

Catering establishments (cafes, hotels, etc.)..	236
Dairies.	10
Fried Fish shops.	55
Grocers.	103
Ice Cream Premises.	30
Other food premises.	64
Slaughterhouses.	4
Stalls.	1
Meat Inspection: Slaughterhouses.	25
Other premises.	5
Distribution of milk.	30
Sampling of milk: Bacteriological.	418
Analysis.	1
Sampling of water: Bacteriological.	118
Analysis.	4
Sampling of Ice Cream: Bacteriological.	144
Diseases of Animals Act.	1
Specimens.	8
Unsound Food.	1

TABLE 2

SANITARY REPAIRS AND/OR IMPROVEMENTS CARRIED OUT BY INFORMAL ACTION

Defective cistern renewed or repaired.	1
Floors repaired or renewed.	3
Leaking caves, gutters and rain water pipes repaired or renewed.	24
Obstructed drains cleansed.	7
Dustbins provided.	85
Dampness abated.	14
Defective windows repaired or renewed.	5
Defective sanitary accommodation repaired.	16
Nuisance from midden abated.	1
Redecoration of bakehouse, kitchen, fish shop, effected.	7
Accumulations removed.	4
Additional sanitary accommodation provided.	3
Defective roofs repaired.	23
Defective ceiling and wall plaster repaired.	6
Unsatisfactory sinks replaced.	1
Repainting carried out.	7
Defective drainage repaired.	8
Water pipes repaired or renewed.	1
Defective oven repaired.	2
Nuisance from insanitary keeping of animals abated.	2
Broken fireplaces repaired or renewed.	4
Smoke nuisance abated.	1
Sanitary accommodation repaired.	2
Defective drainage repaired.	1

TABLE 2 (contd.)

SANITARY REPAIRS AND/OR IMPROVEMENTS CARRIED OUT BY FORMAL ACTION
UNDER THE PUBLIC HEALTH ACT, 1936.

Sanitary accommodation repaired.	2
Defective drainage repaired.	4
Defective eaves, gutters and rain water pipes repaired or renewed.	11
Dampness abated.	2
Defective roofs repaired.	2

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In connection with the duty of maintaining houses in the district in a reasonable state of repair, it will be seen from the foregoing tables that the energetic action of your Officers was continued throughout the year. The difficulty of the high cost of housing repairs in relation to static rents persists and although some aspects of this problem might well occasion sympathy with owners of property in all cases where the necessity arose essential repairs to property were requested and in some instances enforced by Statutory procedure by the Council.

The national problem of the housing shortage cannot be said to have been solved but so far as your district is concerned some improvement was discernable in the year under review. The extent of this improvement was such that, towards the end of the year, it allowed a small block of dwelling houses to be officially represented as being unfit for human habitation. The time may well be approaching when once again more consideration can be given to housing standards, and if this is the case, it should be possible to rid the district of those houses which judged by reasonable standards are completely unfit for habitation.

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TABLE 3

NUISANCES REPORTED AND REMEDIED

Township.	Informal Notices.	Complied with.	Statutory Notices	Complied with.	Undertakings accepted.	Closing Order.
Addingham	15	11	1	2	1	
Bolton Abbey	1	1				
Bradleys Both	7	4				
Brogden	1	2				
Broughton	5	4				
Burnsall		1				
Carleton	18	13			1	
Coniston Cold	6	5				
Cononley	4	7				
Cowling	19	15				
Cracoe	1	1				
Elslack	5	3				
Embsay-w-Eastby	7	6				

TABLE 3 (contd.)

Township.	Informal Notices.	Complied with.	Statutory Notices.	Complied with.	Undertakings accepted.	Closing Order.
Eshton				4		
Farnhill	1	2				
Flasby-w-Winterburn				1		
Gargrave	32	31	1	7		
Glusburn	13	12				
Grassington	1	3		1	1	1
Halton East	2	1				
Hazlewood-w-Storiths	1					
Hebden	1					
Kettlewell-w-Starbotten	4	3				
Kildwick	2	2				
Linton	5	2				
Lothersdale	5	3				
Martons Both	7	3				
Rylstone	1	1				
Salterforth	5	5				
Steeton-w-Eastburn	16	16	1	1		
Stirton-w-Thorlby	4	4				
Sutton	20	14				
Thornton	3	3				
Threshfield	3	1			1	
	215	179	3	16	4	1

The figures quoted above are on somewhat similar lines to those appertaining to 1951. They demonstrate that a far greater proportion of work was done in response to informal action by the Sanitary Officers and in only a few cases was statutory action necessary. In my view it is far better to get work done by informal action if this is possible, but the exceptional case will always arise when statutory action is necessary and when the necessity is there and enforcement action is not taken, informal action in later cases becomes more and more difficult.

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TABLE 4

NEW CLOSETS AND ALTERATIONS TO EXISTING CONVENIENCES

Township.	Privy closets to W.Cs.	Pails converted to W.Cs.	W.W.Cs. to W.Cs.	Additional W.Cs. to old property.
Beamsley		2		1
Bradleys Both				1
Buckden		1		
Burnsall			1	1
Carleton			4	3
Cononley	1	1	5	1
Cowling			5	6
Embsay-w-Eastby				4
Farnhill			2	2
Flasby-w-Winterburn		1		
Gargrave			3	2
Glusburn			7	11
Hetton				1
Salterforth			1	2
Steeton-w-Eastburn	2	1	9	4
Sutton			7	10
Threshfield				2
TOTAL	3	6	44	51

The above figures show an increase of almost 10% over last year's figures. Although the conversion of various types of conveniences to fresh water closets is being carried out steadily, I should like to repeat the comments which I made last year to the effect that the inauguration of a grant scheme towards the cost of converting privies to water closets would serve a dual purpose of improving public health standards and reducing the constant expense incurred in the regular emptying of privies.

DRAINAGE

All drains which were laid during the year were inspected and wherever this was possible they were tested by plugging the lower end and filling with water.

1,081 yards of 4" and 270 yards of 6" drains were tested in this way.

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TABLE 5. HOUSES BUILT AND CONVERSIONS TO HOUSES, ETC.

		Addingham	Banknewton	Buckden	Carleton	Cononley	Cowling	Draughton	Gargrave	Glusburn	Grassington	Kettlewell-w-Starbotten	Kildwick	Linton	Lothersdale	Salterforth	Steeeton-w-Eastburn	Stirton-w-Thorlby	Sutton	TOTAL
Council Houses.	6				4	8	2		12		4					8			6	50
Council Flats.	16				4						8									28
Private Houses.	1	2			1		1		2	4	2	2	1			1	2	1	4	24
Single Houses converted into two.			1												1					2
Conversion of other buildings into houses.								1						1						3
Number of W.C.s in above houses.	29	4	1	14	16	5	2	2	23	5	14	4	1	1	1	15	2	2	16	155
Number of baths in above houses.	23	2	1	9	8	3	1	1	14	4	14	2	1	1	1	9	2	1	10	106
Number with Council water laid on.			1		8		1		14	3	14			1			2		10	54
No. with Private Water from Statutory and Private Undertakings.	23	2		9		3				1		2	1		1	9		1		52
Number connected to sewer.	23		1	9	8	3			14	3	14		1	1		9	2		9	97
Number connected to Septic Tanks.		2					1			1		2			1			1	1	9

TABLE 6.

HOUSING STATISTICS

Number of dwelling houses in the district	8009
Number of back-to-back houses included in above	321
1. Inspection of dwelling houses during the year.	
(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	191
(b) Number of inspections made for the purpose	465
(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	137
(b) Number of inspections made for the purpose	137
(3) Number of dwelling houses needing further action:-	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	51
(b) Number (excluding those in sub-head (3)(a) above), found not to be in all respects reasonably fit for human habitation	140
2. Remedy of defects during the year without service of formal notices.	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	61
3. Action under Statutory Powers during the year.	
A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936:-	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	3
(2) Number of dwelling houses which were rendered fit after service of formal notices:-	
(a) By owners	-
(b) By Local Authority	-
B. Proceedings under Public Health Acts.	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	3
(2) Number of dwelling houses in which defects were remedied after service of formal notices:-	
(a) By owners	3
(b) By Local Authority in default of owners	-

TABLE 6 (contd.)

3. C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:-

(1)	Number of representations, etc., made in respect of dwelling houses unfit for habitation	4
(2)	Number of dwelling houses in respect of which Demolition Orders were made	-
(3)	Number of dwelling houses demolished in pursuance of Demolition Orders	1

D. Proceedings under Section 12 of the Housing Act, 1936:-

(1)	Number of separate tenements or underground rooms, in respect of which Closing Orders were made	1
(2)	Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	-

4. Housing Act, 1936 - Part IV - Overcrowding.

(a)	(1)	Number of dwellings overcrowded at the end of the year	6
	(2)	Number of families dwelling therein	10
	(3)	Number of persons dwelling therein	46
(b)		Number of new cases of overcrowding reported during the year	5
(c)	(1)	Number of cases of overcrowding relieved during the year	3
	(2)	Number of persons concerned in such cases	16

NEW HOUSES.

5. Number of new houses provided during the year:-

By the Local Authority:-	Permanent type	78
	Temporary type	-

By Private Enterprise:- 28 (1 non-traditional - 4 conversions)

6. Housing Act, 1949.

Any action in connection with Section 20, "Grants to persons other than Local Authorities for improvement of housing Accommodation".	Nil
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Now that licences for work of repairs and improvements to property are no longer so difficult to obtain it appears to me that it is time that the question of the payment of "improvement grants" under the Housing Acts, 1949 and 1952 was considered again, as grants of this nature could be a real help in prolonging the life of suitable old houses and thus reduce the need for more expensive new ones.

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CIVIL BUILDING LICENSING

During the year the waiting list of applicants for licences for repairs and improvements was progressively reduced until at the end, with the assistance of the Ministry of Housing and Local Government, who gave permission to issue several licences above the permitted "ceiling", there were no outstanding applications; nor were any applications for licences for new houses outstanding at the end of the year.

Fifty nine licences for improvements and repairs were issued during the year, six licences supplementary to licences for new houses, and fourteen licences authorising the erection of new houses.

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TABLE 7

CLEANSING REPORT

<u>Township.</u>	<u>No. of bins collected.</u>	<u>No. of pails.</u>	<u>Remarks.</u>
Addingham.	15,703	1,092	
Appletreewick.	1,790	745	
Banknewton.	-	-	No collection.
Barden.	32	-	
Beamsley and Bolton Abbey.	2,123	787	
Bordley.	-	-	No collection.
Bracewell and Brogden.	895	-	
Bradleys Both.	5,304	1,845	
Broughton.	701	373	
Buckden.		312	
Burnsall.	1,742	706	
Calton.	394	-	
Carleton.	8,313	-	
Coniston Cold.	1,144	-	
Conistone-w-Kilnsey.	1,361	283	
Cononley.	7,543	520	
Cowling.	15,249	2,193	
Draughton.	847	1,196	
Elslack.	754	410	
Embsay-w-Eastby.	9,137	-	
Eshton.	754	-	
Flasby-w-Winterburn.	561	-	
Gargrave.	12,858	429	
Glusburn.	24,891	368	
Grassington.	10,350	-	
Halton East.	660	728	
Hartlington.	542	-	
Hazlewood-w-Storiths.	546	-	
Hebden.	2,842	2,407	
Kettlewell-w-Starbotten.	182	312	
Kildwick and Farnhill.	6,652	733	
Linton.	1,707	104	
Lothersdale.	3,266	4,846	
Martons Both.	2,150	807	
Cracoe, Rylstone and Hetton.	2,734	631	
Salterforth.	4,336	1,125	
Stecton-w-Eastburn.	19,535	-	
Stirton-w-Thorlby.	1,068	-	
Sutton.	19,162	317	
Thornton.	2,326	72	
Thorpe.	396	-	
Threshfield.	3,683	335	

PUBLIC CLEANSING

As reported in my last annual report practically the whole of the District was served by your own men and vehicles. Only Bordley and Banknewton were altogether without a cleansing service and owing to the scattered nature of these two Parishes it would be very costly indeed to extend the service to them. Kettlewell-with-Starbotten and Buckden were the only Parishes dealt with by contractors.

During the course of the year the whole of each cleansing area was surveyed and fresh working schedules worked out for each wagon. The schedules were put into operation and it was found to be possible by making economies in working to institute a weekly collection of household refuse in five of the more populous Parishes in the southern part of the District without any increase of man power or vehicles. Whilst I was instructed by the Council to operate the weekly collection as suggested it was only operated for a week or two right at the end of the year. The five Parishes in which the weekly collection was instituted represent a percentage of 46.6 of the whole area in which refuse is collected, the remaining 53.4% was, at the end of the year and is likely to remain, on a fourteen day collection basis as the cost of increasing the collection to once in each seven days would be prohibitive.

The payment of a salvage bonus to all the workmen was continued throughout the year but the basis was altered to one of 10% on all sales, which was felt to be more of an incentive, at the beginning of February.

The collapse of the market for waste paper put an increased burden on the service in the way of extra work in handling and stacking of the baled paper at the depot awaiting collection whilst at the same time that the market was failing collection increased for a time as the various outside collectors ceased to visit the various premises; at the end of the year approximately 30 tons of baled paper was stacked at the Depot.

The reduction in income was of course the most serious aspect of the collapse of the market as it had been estimated that considerably more income would be forthcoming than was actually the case. To offset the reduction in the income from waste paper every effort will be made to develop other forms of salvage.

The following tables give a statistical report on the service.

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TABLE 8

SALVAGE

The income from the sale of salvage throughout the calendar year was as follows:-

<u>Materials or Service</u>	£.	s.	d.
Mixed waste paper.	932.	16.	4.
Newsprint.	220.	9.	0.
Books and Magazines.	116.	3.	3.
Fibreboard.	189.	4.	1.
Rags.	35.	17.	6.
Carpets.	7.	13.	9.
Cast Iron.	23.	1.	3.
Sacking.		7.	6.
Limestone.		6.	8.
Copper.	4.	18.	11.
Aluminium.	5.	17.	8.
Trade Refuse.	12.	13.	6.
Scrap Steel.	4.	13.	6.
Scrap metal.	45.	12.	6.
	£ 1,599.	15.	5.

SWIMMING BATHS

Thirteen samples of bath water were taken from two swimming baths within the District, three of these were unsatisfactory. It was found on investigation that the sterilisation plant was not being used owing to non-delivery of chlorine gas; arrangements were made for an improvement in deliveries and this is not likely to occur in the future. One sample was taken from a children's paddling pool which was found to be somewhat polluted although it is difficult to decide whether this is important or not in the absence of any standard for water which is shallow and used only for paddling and not for swimming and bathing.

PRIVATELY OWNED WATER SUPPLIES

During the year the supervision of the privately owned supplies throughout the District was continued. Samples were taken as set out below and submitted for bacteriological examination to the Public Health Laboratory, usually that at Bradford, which is the most convenient. A total of 104 samples were taken and of these 51 were unsatisfactory. The unsatisfactory samples were followed up in all cases where the water was actually being used for domestic purposes; no unsatisfactory samples were taken from privately owned statutory water undertakings and all referred to either water which was not in use but it was proposed to use, or to private supplies for a very small number of houses. In all cases where improvement could not be effected by physical protection of source or on the service the owners were advised to boil or otherwise chemically sterilise the water.

TABLE 9

WATER SAMPLING RESULTS

<u>Parish.</u>	<u>Total.</u>	<u>Satisfactory.</u>	<u>Laboratory Report.</u> <u>Doubtful.</u>	<u>Unsatisfactory.</u>
Addingham.	5	2		3
Appletreewick.	2	1		1
Banknewton.	2	2		
Barden.	1	1		
Beamsley.	10	3	1	6
Bracewell.	12	7		5
Bradleys Both.	6	1		5
Brogden.	1			1
Broughton.	5	3		2
Buckden.	6			6
Carleton.	2	2		
Cowling.	9	6	1	2
Cracoe.	1	1		
Draughton.	3	2		1
Elslack.	1	1		
Farnhill.	6	3	3	
Flasby-w-Winterburn.	1	1		
Glusburn.	2	2		
Halton East.	4	4		
Hazlewood-w-Storiths.	1	1		
Kettlewell-w-Starbotton.	2	1		1
Kildwick.	4	4		
Lothersdale.	2	2		
Rylstone.	1	1		
Salterforth.	1	1		
Steeton-w-Eastburn.	1	1		
Sutton.	11	6	4	1
Thornton.	1			1
Thorpe.	1	1		
Threshfield.	4	4		
	<u>104</u>	<u>63</u>	<u>10</u>	<u>31</u>

To check the results obtained by bacteriological analyses, four samples of water were taken and submitted to the public analyst for chemical examination; all gave satisfactory results. The above include two samples taken at Cononley at the request of the West Riding County Council in a check on the lead content of the water. One sample was taken after the water had been standing in a lead pipe all night and after standing a half hour; both samples gave negative results.

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TABLE 10

RAINFALL (in inches)

MONTH	BANKNEWTON	BOLTON ABBEY	WINTERBURN
January.	3.74	3.75	3.83
February.	0.95	1.13	1.31
March.	1.93	2.09	3.07
April.	2.25	2.03	2.48
May.	1.36	1.81	2.15
June.	2.49	2.72	2.84
July.	1.98	1.81	2.07
August.	4.50	7.17	5.74
September.	3.09	3.99	3.95
October.	3.73	4.16	4.01
November.	1.52	2.05	2.06
December.	3.64	3.38	3.51
TOTAL	31.18	36.09	37.02

Average rainfall for the twelve months was 34.76 inches.

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MILK SUPPLIES

A large part of the milk supplied to the residents in the Rural District comes from small producer-retailers, many of whom retail a little of their milk and sell the remainder wholesale. Apart from the producer-retailers there were nine firms registered as distributors of milk, nine firms were issued with licences under the Milk (Special Designation) (Raw Milk) Regulations, 1949 authorising them to sell Tuberculin Tested or Accredited milk within the District and one was issued with a supplementary licence to retail Tuberculin Tested milk. Three Dealers' licences under the Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949 were issued.

Sampling

The sampling of the milk supplied throughout the District was continued and so far as practicable this was confined to those producer-retailers whose supplies were not sampled elsewhere by any other Authority. All samples taken were submitted for the methylene blue examination for the detection of contamination and selected sample were also submitted for biological examination for the presence of tubercle bacilli. Pasteurised milk was tested by the Phosphatase test and sterilised milk by the turbidity test.

As hitherto the result of the methylene blue examinations were forwarded to the Milk Regulations Officer of the Ministry of Agriculture and Fisheries, and to the retailers concerned. In all 418 samples for all purposes were submitted for examination; this figure is considerably higher than in any other year on record.

The numerical particulars of the samples are given below.

TABLE 11

MILK SAMPLING RESULTS

	Number of Samples.	Methylene blue Test		Phosphatase Test		Turbidity Test	
		Satis.	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.
Undesignated milk.	259	202	57	-	-	-	-
Tuberculin Tested milk.	84	74	8	-	-	-	-
Tuberculin Tested (Cert.) milk.	29	26	3	-	-	-	-
Accredited. Pasteurised milk.	17	13	4	-	-	-	-
Tuberculin Tested (Past.)	10	8	-	10	-	-	-
Sterilised milk.	2	-	-	-	-	2	-

Samples (included in above figure) were also submitted for biological examination as under.

<u>Grade of Milk</u>	<u>Negative</u>	<u>Positive</u>
Undesignated milk.	177	3
Tuberculin Tested milk.	2	-

Empty bottles were submitted for bacteriological examination as under.

<u>No. of Bottles</u>	<u>No. Satis.</u>	<u>Doubtful.</u>	<u>Unsatis.</u>
30	25	1	4

Total number of samples taken and submitted for analysis, including two broken in transit, 418.

A higher total of samples was also submitted for the biological examination as can be seen from the results recorded above; of these three were unfortunately found to contain living tubercle bacilli.

In these three cases the milk was diverted for pasteurisation before being retailed by order of your Medical Officer of Health under Section 20 of the Milk and Dairies Regulations, 1949. At the same time the particulars were sent to the Animal Health Division of the Ministry of Agriculture and Fisheries who examined the animals concerned and carried out the necessary investigations. The farmers were released from the onerous duty of having their milk heat treated as soon as the Veterinary Officer certified that the herds were free from infection.

It appears to me that all effort and money spent in milk sampling is well worth while if no useful purpose is effected other than the elimination of three cows giving tuberculous milk in each year, but, of course, sampling serves a much more useful purpose even than that, in acting as a guide to retailers and helping them to keep their methods free from reproach.

A few samples were taken for the phosphatase and turbidity tests; these being for the purpose of checking the effectiveness of pasteurisation in the first mentioned and sterilisation in the second. The tests were, of course, applied to pasteurised and sterilized milks respectively. All these samples gave satisfactory results thus demonstrating that the milks sampled had been effectively heat treated.

In addition it can be seen from the tables that five batches of empty bottles were sent for examination. The purpose of this was to test the effectiveness of the cleaning arrangements. The last two samples quoted above were repeat samples of those formerly taken in which some of the bottles were not cleaned very effectively. In my view there is no more effective method of checking bottle washing plants than by the submission of washed bottles for bacteriological examination.

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TABLE 12

ICE-CREAM SAMPLING RESULTS

Total number of samples	143.
Ice cream samples	116
Iced lollies	27

ICE CREAM

Grade 1.	80
Grade 2.	17
Grade 3.	13
Grade 4.	<u>6</u>
	<u>116</u>

ICED LOLLIES

Satisfactory	23
Doubtful	3
Unsatisfactory	<u>1</u>
	<u>27</u>

Inspections of the two small manufacturers of ice-cream and the retailers were increased during the year and the number of samples taken and submitted for the methylene blue test increased. Results show that the improvements which were apparent in last year's figures have been maintained and it is now the exception to find ice-cream being placed in a Provisional Grade lower than 3.

There has been during the past few years a marked improvement in the cleanliness of ice-cream sold to the public and it is gratifying to note that during 1952 the improvement was maintained.

Retailers are informed in all cases of the report on the samples bought from them and if it was found to be below Grade 2 the Chief Sanitary Inspector of the District in which it was produced was informed of the result and requested to co-operate in investigating the cause.

No ice-cream made in this District was found to be of a lower Grade than 2.

FOOD PREPARING PREMISES

The increased number of inspections mentioned in my last annual report were maintained throughout the year and a schedule setting out the provisions of statutes and bye-laws governing food handling were duplicated and circulated to all food handlers.

Whilst I know of no really dirty food premises within the District there is still room for a good deal of improvement in methods of working.

One point in particular about which some traders are very obstinate is the habit of placing cake trays on or near the bakehouse floor to cool, probably because of shortage of table space.

There was some improvement in the standard and decorative condition of food preparing premises and 21 were re-decorated, other improvements were as under.

Repairs to floors	1
New floors	3
Walls made smooth and impervious	5
New sinks	2
Structural repairs	5
New sanitary accommodation	2
Food storage improved	9
Ventilation	1
Repairs to ceilings	2

MEAT AND OTHER FOODS

Seven slaughterhouses were again licensed, six for the self suppliers of meat under Ministry of Food licence and one for the slaughter of horses.

The meat slaughtered in the first mentioned slaughterhouses was not inspected as no notification of slaughter was given in any case. The law does not require notice of slaughter to be given in such cases but it seems to me to be wrong that food carcasses can be eaten by the owners of animals and their families without such meat having been seen by any person competent to decide whether it is, in fact, fit to eat.

A notable improvement during the year was the coming into operation of the Public Health (Meat) (Amendment) Regulations, 1952 which made the notification of the slaughter of horses obligatory, although in this District I am not aware that any horse has ever been slaughtered and moved to a shop to be sold without having first been inspected and passed.

Periodical inspections of meat and all other foods in shops and catering establishments were carried out. In one case it was found to be necessary to seize a quantity of food as the reputed owner refused to surrender it. The Council decided, after taking Counsel's opinion on the matter, that the case presented too many difficulties to institute proceedings.

The amount of food found to be unfit for human consumption is set out below. In most cases it was diverted to animal feeding so that it was not completely wasted.

TABLE 13. MEAT AND OTHER FOOD FOUND TO BE UNFIT FOR HUMAN CONSUMPTION.

Food.		Weight.		Condition.
		lbs.	ozs.	
<u>SEIZED</u>				
Seedless Raisins.	U.S.A.	58		Fly blown and Fermented.
Currants.	Greece.	22		Fly blown and Fermented.
Choice Dates.	Iraq.	140		Fly blown and Fermented.
Sultanas.	Australia.	60		Fly blown and Fermented.
Boston Asparagus.			28 $\frac{1}{2}$	Blown can.
Crawfish.	South Africa.		8	Rusted can.
Meat and Gravy.	Mexico.	1	12	Rusted can.
Grape Jelly.	U.S.A.	7		Damaged and Pierced can.
Pork and Gravy.	U.S.A.	1	14	Blown can.
Tomato Puree.	Italy.	24	6	Blown, damaged and rusted cans.
Corn on the Cob.	U.S.A.	12	8	Bulged and rusted cans.
Molasses.	U.S.A.		13	Rusted cans.
Sardines.	U.S.A.		15	Rusted cans.
Herrings in tomato.	Canada.	1	12	Blown and rusted cans.
Apricot pulp.	Spain.	143	8	Blown, holed and damaged cans.
Sardines.	France.		7	Rusted cans.
Apricot Jam.	Britain.	1		Punctured can.
Prunes in syrup.	Belgium.	51	8	Damaged and leaking cans.
Damson Jam.	Britain.	1		Punctured can.
Cherries.	England.	2	8	Blown cans.
Pickles.		1		Fermentation.
<u>SURRENDERED</u>				
Ham.		142	12	Bone Taint and decomposition.
Peaches.		6		Blown can.
Damsons.		9	12	Blown cans.
Jellied Veal.		12		Damaged and blown cans.
Calves tongues.		1	8	Damaged and blown cans.
Evaporated milk.		8	12	Damaged and blown cans.
Cheese.		2	12	Rancidity of fat content.
Pork Luncheon Meat.		12		Damaged and blown cans.
Tinned Strawberries.		15	8	Blown can and decomposition.
Tinned Pineapple.			16	Blown can and decomposition.
Tinned Gooseberries.		10	8	Decomposition.
Sardines.			4	Decomposition and blown can.
Bacon.		18		Decomposition.
Shin Beef.		6		Oedema, due to injury.
Cow Heel.		7	8	Dirty (damaged in transit).
Tripe.		10	8	Dirty (damaged in transit).
Tinned Tomatoes.		3		Blown cans.
Condensed Milk.		3		Blown cans.
Horse liver.		23		Cystic.
Stewed steak.			16	Blown, damaged can.

PEST CONTROL

Dirty and Verminous Premises

Thirteen visits were made during the year to dirty and verminous houses. Two houses found to be infested with fleas and three with bed bugs were treated. Another six houses were dirty but not verminous.

Several methods are employed to eradicate infestations involving the use of liquid and powder insecticides which are efficacious if repeated applications are given. These insecticides contain either D.D.T. or Gammexane and have a residual effect. Some in addition contain Pyrethrins which give them an immediate "knock down" effect in addition to the property of killing all insects which come into contact with them for some weeks after application.

The problem of the dirty house is not new nor can it be dealt with by the Sanitary Service alone as this does not reach the cause. It is a problem embracing a series of problems which raise questions of environment, education and economics. It is a problem not only associated with the old insanitary dwellings, neither is it merely a question of poverty, although the use or mis-use of the family income may have a bearing on the matter. Rather it is a problem of the individual and it will persist until he is awakened to his social responsibilities.

In addition to advice, instructions and practical assistance to eradicate household pests, the Sanitary Service provides similar facilities in non-domestic premises such as bakehouses, canteens, etc., where infestations of cockroaches or crickets have often to be dealt with.

Rats and Mice

As in earlier years the Council's Rodent Operative was engaged in dealing with surface infestations, the treatment of the sewerage systems and refuse tips.

It appears from the results obtained both in surface infestations and in the sewers that infestation was considerably less than was formerly the case. The Infestation Division of the Ministry of Agriculture and Fisheries share that view and the second maintenance sewer treatment was considerably modified with their consent.

The general public co-operated well in reporting any infestations in view of the continuation of the free service to private householders.

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TABLE 14

FACTORIES ACTS, 1937 and 1948Part 1 of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises.	No. on register	Inspections.	No. of written notices.	Occupiers prosecuted.
(1) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities.	12	22	-	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	127	66	35	-
(3) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).	-	-	-	-
TOTAL.	139	88	35	-

2. Cases in which DEFECTS were found.

Particulars.	No. of cases in which defects were found.		No. of cases in which prosecutions were instituted.
	Found.	Remedied.	
Want of cleanliness (S.1).	-	-	-
Overcrowding (S.2).	-	-	-
Unreasonable temperature (S.3).	-	-	-
Inadequate ventilation (S.4).	-	-	-
Ineffective drainage of floors (S.6).	-	-	-
Sanitary Conveniences (S.7).			
(a) Insufficient.	2	-	-
(b) Unsuitable or defective.	3	1	-
(c) Not separate for sexes.	-	-	-
Other offences against the Act (not including offences relating to Outwork).	81	30	-
TOTAL.	86	31	-

One other offence against the Act was referred by H.M. Inspector.

Considerably more visits to factories were made, mainly for the purpose of the inspection of sanitary conveniences. In many cases defects were found and in one or two, somewhat extensive alterations were necessary to comply with the relevant Regulations.

In many cases factory managements did not seem to be aware that it was the duty of the Sanitary Authority to administer certain sections of the Factories Act, 1937 and I should like to take this opportunity of pointing out that it is one of the duties of all Sanitary Authorities to administer those sections of the Act relating to sanitary conveniences and certain other public health matters, means of escape in case of fire, etc.

One certificate of adequacy of fire escape provisions was issued after thorough inspection and investigations had been made.

Outworkers

With one exception the factories who employ outworkers are exemplary in furnishing the particulars of them in February and August as required by the Act. Immediately the lists are received inspections are made; conditions were found to be satisfactory in all cases. If outworkers are found to live outside the District a supplementary list is sent to the Inspector for the District in which they do reside.

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WEST RIDING COUNTY COUNCIL.

DIVISION NO. 1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1952.

CONTENTS.

1. General Description.
2. Staff.
3. Health Centres.
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5. Midwifery Services.
6. Home Nursing.
7. Health Visiting.
8. Home Help Service.
9. Mental Health Service.
10. Vaccination and Immunisation.
11. Prevention of Illness and After Care.
12. Problem Families.
13. Ambulance Service.
14. The School Health Service.
15. Medical Examinations.

1. GENERAL DESCRIPTION.

The Division consists of the following districts:-

	Population.	Area in Acres.
Silsden Urban District	5,320	7,101
Earby Urban District	5,348	3,519
Barnoldswick Urban District	10,282	4,210
Skipton Urban District	13,210	2,764
Skipton Rural District	23,715	146,071

(Ø Registrar General's Preliminary Report on the 1951 Census).

This gives a mixed urban and rural community with a variety of trades and occupations. Social conditions have changed little during the year, although at one period shortage of orders in the textile trade gave rise to fears of widespread unemployment, and the number of married women working in the mills has been reduced.

Although progress has been made in all districts during the year, the general housing position cannot be regarded as satisfactory. For many families are still on the waiting lists for new houses, whilst others are occupying premises which would certainly have been closed or demolished had the last War not intervened and stopped all progress in slum clearance. In this connection it is important to realise that in Great Britain no less than 37½% of households have no fixed bath, and a further 7½% share with other households; that 8% had no water closet, and 1% shared; 6% had no piped water supply in the house, and 11% shared. These figures are from "Census 1951., Gt. Britain, One per cent, Sample Tables".

2. DIVISIONAL STAFF - as at 31st December, 1952.

(a) MEDICAL.

M. Hunter.	M.B.E., M.D., D.P.H.,	Divisional Medical Officer.
B.M. Leakey.	M.B., B.S.,	Assistant County Medical Officer.
D. Tillotson.	M.B., Ch.B.) Clinic doctors working on a sessional basis.
A.B. Morrison.	M.R.C.S., L.R.C.P.,	
G.D.G. Cameron.	M.R.C.S., L.R.C.P.,	

DIVISIONAL STAFF - continued

(b) NURSING.

Divisional Superintendent Health Visitor	1
Health Visitors/School Nurses	10
Home Nurses	5
Home Nurse/Midwives	5
Home Nurse/Midwife/Health Visitors	3
Midwives	3

(c) OTHER.

Ø Mental Health Social Worker	1
Ø Home Teacher (Under Mental Deficiency Acts)	1
Ø Venereal Diseases Social Worker.	1
Ø Speech Therapist	1

(Ø Part time in No. 1. Division).

(d) DAY NURSERY STAFF.

Matron	1
Deputy Matron	1
Nursery Assistants	6
Nursery Students	-
Cooks and Domestics	3

(e) ADMINISTRATIVE AND CLERICAL.

Administrative (Chief Clerk)	1
Clerical	6

(f) HOME HELPS.

Full time	16
Part time	6

(g) OTHER DOMESTIC STAFF.

Part time	4
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Total: 75

The Division has again been fortunate in having an almost complete establishment of staff throughout the year, and it has usually been possible to provide adequate relief for those absent on holidays, courses, and through illness. Every effort has been made to provide the maximum assistance to patients, medical practitioners, hospitals and schools, but much more could be done if the staff were available. Social medicine has conferred inestimable benefits on the community, but its scope is obviously limited when only 7 per cent of the £355 million pounds spent on the National Health Service is allocated to the Local Health Authority's services.

Furthermore, full value will never be obtained from this enormous sum of money until co-operation between the three main branches of the National Health Service is greatly improved.

A number of staff conferences have been held during the year, addressed by speakers engaged in work related to our own sphere. Conferences have also been held to discuss the problem of children neglected or ill-treated in their own homes, to which all persons having an interest in this form of social work have been invited. This is a matter which is often closely connected with Problem Families, to which reference is made later in the report.

3. HEALTH CENTRES.

Health centres were to play an important part in the original conception of the National Health Service, but the shortage of building labour and materials has made it impossible even to think of developing them on anything but a very limited and experimental scale. This Division has neither a health centre nor a multiple clinic, and continued use has been made of buildings quite unsuited to clinic purposes. Much good work has, however, been accomplished under difficulties, and the large clinic attendances show how much these services are appreciated. Now that the services of the family doctor are available to all children the clinics have been able to resume their true function - education in maternity and child welfare, where there is time for discussion of everyday problems of health as they affect the mother and her family. The service is complementary to that which the general practitioner provides.

4. CARE OF MOTHERS AND YOUNG CHILDREN.

(a) BIRTHS:

Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January to 31st December, 1952.

Details.	Domiciliary		Institutional		Total.
	Live	Still	Live	Still	
(a) Primary Notifications	167	1	469	17	654
(b) Add Inward Transfers	4	1	197	9	211
(c) Total Notifications received	171	2	666	26	865
(d) Deduct Outward Transfers	3	-	44	2	49
(e) Total adjusted births.	168	2	622	24	816

Analysis of Institutional Births:

Born in (a) Hospitals
(b) Maternity Homes
(c) Nursing Homes

Total:

579	23
40	1
3	-
622	24

(b) INFANT WELFARE CENTRES.

Name and Address of Centre	Number of Infant Welfare Sessions now held per month	Number of children who attended during the year	No. of children who first attended during year and who on the date of their first attendance were:--		No. of children in attendance at end of year who were then:--			Total numbers of attendances made by children in column 3 during the year.	
			Under 1 yr.	Over 1 yr.	Under 1 yr.	1-2 yrs.	Over 2 yrs.	Under 1 yr.	Over 1 yr.
Barnoldswick Methodist Hall	8	367	113	8	104	85	176	2,642	1,310
Barby Old Grammar School	6	157	49	1	44	45	68	973	301
Gargrave The Institute	2	63	15	7	18	16	29	255	212
Glusburn Ebenezer Sunday School	4	281	98	5	86	91	104	1,417	607
Grassington Church House	2	86	13	5	13	26	47	262	299
Silsden Kirkgate Sunday School	4	167	68	8	54	44	65	1,080	646
Skipton Millfields Hall	12	407	139	8	130	45	216	2,928	2,200
Totals:	38	1,528	495	42	449	352	705	9,557	5,575

(c) ANTE-NATAL CLINICS.

Name and address of Ante-Natal Clinic (whether held at Infant Welfare Centre or other premises)	No. of sessions now held per month.		Number of women in attendance.				Total No. of attendances made by women during the year.	
			No. of women who attended during the year.	No. of women in previous column who had <u>not</u> pre- viously attended an A/N Clinic during current pregnancy.	Separate Sessions.			Combined with I.W.
	Separate Sessions.	Combined with I.W.						
Barnoldswick Methodist Hall	4	1	130	1	95	1	501	1
Earby Old Grammar School	2	1	73	1	58	1	357	1
Glusburn Ebenezer Sunday School	2	1	37	1	33	1	220	1
Grassington Church House	1	1	12	1	8	1	45	1
Total for 4 clinics.	9	1	252	1	194	1	1123	1

The advantages of attending these ante-natal clinics are several. The blood of all patients is taken for Rhesus and Kahn testing, and for a haemoglobin estimation. Weighing, urine testing and blood pressure readings are carried out at every visit. There are opportunities for discussing health problems, and preparations for the confinement with the doctor, health visitor and midwife; and to attend the relaxation exercise classes which are provided at two clinics.

(d) ANTE-NATAL HOSTEL.

The County Council provides a hostel at Brighouse for patients requiring rest rather than special forms of treatment. It is, however, little used by patients from this Division because it is far from their homes, which expectant mothers are disinclined to leave unless compelled to do so by acute illness: and unlike the hospital, residence therein is not free of cost.

(e) DENTAL CARE.

Although a dental clinic is now operating at the periphery of the Division shortage of staff has so far prevented its use by expectant and nursing mothers. Arrangements have, therefore, been continued whereby local dental practitioners have provided treatment under the County Council's scheme.

(f) CARE OF PREMATURE INFANTS.

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. Such infants require particular care which is available in hospital, and in their own homes. In the latter case, special equipment is kept within the Division and conveyed by ambulance on the midwife's request.

(g) DAY NURSERIES.

Children of the following categories within the age range 0-5 years are eligible for admission to day nurseries:-

- (i) The young child whose mother is ill or having a baby.
- (ii) The illegitimate child whose mother is seeking work.
- (iii) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.
- (iv) The young child of a widow who must educate and support her family unassisted, and also the young child of the mother whose husband is ill.
- (v) The child whose mother is engaged in the textile or other export industry.
- (vi) The child whose mother is engaged in the armament industry.
- (vii) Other reasons.

DAY NURSERIES - continued

The Earby Day Nursery has been open throughout the year. It has forty places, and training for the syllabus of the National Nursery Examination Board's Certificate has been undertaken there.

At Barnoldswick progress towards completing the new day nursery has been very slow, but it should be ready for use early in 1953. Day nurseries are under medical supervision; babies and children being examined on admission, and periodically thereafter.

There are no residential nurseries within the Division.

(h) CHILDRENS' HOMES.

These are administered by the Welfare Department, but all children are medically examined by the Health Department staff on admission, on discharge, and periodically during their residence therein. There are two such homes in Skipton, Aireview House and Burnside: the former being temporarily unoccupied.

(i) CARE OF THE UNMARRIED MOTHER AND HER CHILD.

This is a duty which presents many problems, often difficult to solve satisfactorily. Arrangements are made for hospital confinement, domiciliary confinement, or admission for a varying period to homes administered by voluntary organisations, depending on the circumstances of each case.

Where admission to a Home is arranged, the County Council provides financial assistance for West Riding residents. Considerable help has also been received from the Organising Secretary of the Bradford Diocesan Moral Welfare Council.

The two greatest difficulties - lack of accommodation and money, could be overcome by the provision of a hostel where mother and baby could be kept together during the difficult early years while the mother goes to work each day. There is need for such a hostel.

3. MIDWIFERY SERVICES.

Three whole-time midwives have been employed. Eight home nurses also undertake midwifery, as the system of combined duties has proved to be the most practical in rural areas. These eleven members of the staff are trained to give gas and air analgesia during childbirth.

MIDWIFERY SERVICES - continued

The number of midwives employed in hospitals in the Division on 31st December, 1952 was ten.

STATISTICS.

Number of confinements in the Divisional area attended by midwives:-

	Domiciliary.		No. of Cases.		Total.	
	Institutional.					
	As Mid-wives.	As Matern-ity Nurses.	As Mid-wives.	As Matern-ity Nurses.	As Mid-wives.	As Matern-ity Nurses.
(1) Midwives employed by the Authority						
(a) Whole-time	47	30	-	-	47	30
(b) Home Nurse/ Midwives.	35	56	-	-	35	56
(2) Midwives employed by Voluntary Organisations	-	-	-	-	-	-
(3) Midwives employed by Hospital Management Committees	-	-	450	36	450	36
(4) Midwives in Private Practice:						
(a) Nursing Homes	-	-	-	-	-	-
(b) Others	-	-	-	-	-	-
Totals:	82	86	450	36	532	122

(5) No. of cases discharged from hospitals and Maternity Homes to the care of the Midwife before the 14th day... .. 3.

In 1951 there were 194 domiciliary confinements and 682 in hospital. The comparable figures for 1952 are 173 and 692.

MEDICAL AID NOTICES.

Summary of notices issued by midwives requesting the services of a doctor, as prescribed in the rules of the Central Midwives Board:-

Pregnancy:	Nil
Labour:	26
Lying-in:	Nil
The Child:	2

HOME NURSING.

Five whole-time nurses, and eight nurses who combine home nursing and midwifery have been employed to care for patients in their own homes. As might be expected in an area such as this the type and amount of work varies greatly, depending to a considerable extent on the availability of hospital beds and out-patient treatment facilities. Much of it is, however, amongst the elderly and long term sick where a kindly, tactful and efficient manner is so necessary.

A summary of the work done by the home nurses is as follows:-

- (i) Number of visits paid by home nurses during the year: 33,108
- (ii) Number of cases attended by home nurses during the year
(excluding midwifery and maternity cases): 2,018

7. HEALTH VISITING.

Health visitors (who are also qualified nurses and midwives) are provided for home visiting, for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection. In this Division, they are also employed as school nurses, and tuberculosis health visitors so that each has an area (usually with a clinic as well) in which she can employ her knowledge and skill in a wide variety of circumstances, and make an important contribution towards improving the health of the community. The most valuable part of this work is done in the homes where individual health teaching is given and families helped with their many problems.

STATISTICS.

Number of visits paid by Health Visitors during the year:-

	<u>First Visits.</u>	<u>Total Visits.</u>
(i) Expectant Mothers	208	548
(ii) Children under 1 yr. of age.	754	6,115
(iii) " between 1 and 5 yrs.	20	8,952
(iv) Other cases	365	2,650
	<u>1,347</u>	<u>18,265</u>

8. HOME HELP SERVICE.

During the year home helps have been provided for cases coming within the following classifications:-

	No. of cases.	Hours employed.
(i) Illness in the home		
(a) Tuberculosis	3	460
(b) Other	62	5,409
(ii) For expectant mothers	7	1,470
(iii) For confinements in the home	83	8,822
(iv) Where needed because of a mentally defective person in the house	2	204
(v) For the aged because of		
(a) Illness	37	9,914
(b) Infirmary	59	11,691
(vi) Where the mother is ill or otherwise unable to care for children of, or under school age	10	3,711
Total:	263	41,681

During the year the authorised establishment of home helps has been eighteen, or the equivalent in part-time workers. As the demand has always exceeded the supply, the increase in establishment for 1953 will be most welcome.

Although satisfactory in most respects the service still lacks that flexibility which is so necessary when dealing with urgent calls for assistance. The opinion is still held that these calls could be more easily dealt with by the employment of a very limited number of salaried whole-time helps who could be directed to homes as the need arose, and without delay. They would also be able to provide more continuous care for the aged, particularly if employed to care for a group. Such an arrangement would also reduce the amount of supervision which is required under existing rules, and place greater emphasis on the fact that the service is primarily an emergency one for the benefit of the many, rather than for the continued assistance of a few long term cases.

9. MENTAL HEALTH SERVICE.

The functions of the Local Health Authority under existing legislation are as follows:-

(a) The appointment of duly authorised officers to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

9. MENTAL HEALTH SERVICE - continued

- (b) The duty under the Mental Deficiency Acts 1913 - 18 of ascertaining what persons in the area are defectives; providing suitable supervision for them, guardianship, or institutional care; and making arrangements for the provision of suitable training or occupation for defectives not in institutions.
- (c) The duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness, so far as provision is not otherwise made.
- (d) The provision of an ambulance service for the purpose of the mental health service.

Under the terms of paragraph (a) the duly authorised officer has dealt with the following cases during the year:-

(i)	Number of cases certified under Section 16 of the Lunacy Act, 1890.	12
(ii)	Number of cases dealt with under Section 20.	-
(iii)	Number of cases dealt with under Section 21.	1
(iv)	Number of cases in which authorised officers have assisted in obtaining admission under Section 1 of the Mental Treatment Act.	-
(v)	Cases dealt with under Section 2 of the Mental Treatment Act.	-
(vi)	Any other cases referred to the authorised officer for action, but where it was not found necessary to proceed under the Lunacy or Mental Treatment Acts.	9

The mental health social worker has dealt with cases under the provisions of paragraphs (b) and (c)., and a home teacher was appointed during the year for the training and teaching of defectives in their own homes. Her presence will meet a long standing demand, and arrangements have been completed for her to operate a group training centre in Skipton which certain defectives will attend on three days each week.

The shortage of institutional accommodation for mental defectives still persists, for although there are about 56,200 in institutions in this country, 4,000 were awaiting admission at the beginning of the year, half of whom were regarded as urgent cases. This Division is in a fortunate position at present as there are no very urgent cases awaiting admission.

The position in hospitals for the mentally ill (as distinct from the defectives) is very similar, and they are overcrowded. Furthermore, there is a lack of liaison between mental hospitals, psychiatric out-patient clinics, and local health authority in the important matter of after-care, for the

hospital social workers are few, and the duly authorised officers are neither specially trained, nor wholly employed in this type of work.

STATISTICS.

Particulars of mental defectives as on 1st January, 1952.

Number of Ascertained Mental Defectives found to be "subject to be dealt with":

	Male.	Female.	Total.
(a) On licence from institutions (Under 16 years of age) (Age 16 years and over)	- 1	- 1	- 1
(b) Under guardianship (incl. cases on licence therefrom) (Under 16 years of age) (Age 16 years and over)	- 1	- 1	- 1
(c) Under Statutory Supervision (excl. cases on licence) (Under 16 years of age) (Over 16 years of age)	2 27	4 17	6 44
Number of cases incl. in (b) and (c) above awaiting removal to an institution.	2	2	4
2. Number of mental defectives not at present "subject to be dealt with" but over whom some form of voluntary supervision is maintained:			
(Under 16 years of age) (Age 16 years and over)	3 7	- 3	3 10
3. Number of mental defectives receiving training:			
(a) In Occupation Centres:			
(Under 16 years of age) (Age 16 years and over)	1 -	1 -	2 -
(b) At home.	5	7	12
4. Of the total number of mental defectives known to the Local Health Authority -			
(a) Number who have given birth to children during 1952:-			
(1) After marriage	-	-	-
(2) While unmarried	-	-	-
(b) Number who have married during 1952:-	-	-	-

10. VACCINATION AND IMMUNISATION.

Under the National Health Service Act the Local Health Authority has a statutory duty to make arrangements for persons in its area to be vaccinated against smallpox and immunised against diphtheria.

Vaccination and immunisation are, therefore, offered to the parents of all babies, and if desired are carried out by the family doctor or at any child welfare centre. Immunisation is again offered when the child reaches school age.

Both procedures are voluntary and without charge. These factors, along with the greatly reduced incidence of both diphtheria and smallpox give many parents an entirely false sense of security. For smallpox may be imported into this country at any time, and the remarkable fall in incidence and deaths from diphtheria during the past 10 years has only been achieved by immunisation.

Unfortunately, the numbers vaccinated and immunised in the Division in 1952 show a decrease on the previous year, so the position is still far from satisfactory.

Authority was received during the year to undertake vaccination against whooping cough, which is now one of the more serious diseases of infancy and childhood. Vaccination consists of three small injections given at monthly intervals which, should it not fully protect every child will certainly modify the disease and result in a mild attack. This vaccination is available at all child welfare centres, and general practitioners are supplied with the vaccine on request.

STATISTICS.

(a) Number of persons vaccinated (or re-vaccinated) during period.

Age at date of vaccination	Under 1 yr.	1 yr.	2 - 4 yrs.	5 - 14 yrs.	15 yrs. or over.	Total.
Number vaccinated	176	116	24	20	65	401
Number re-vaccinated	-	-	-	5	122	127

(b) Number of children who completed a full course of primary immunisation against diphtheria during the year.

Age at date of final injection.		
Under 5.	5 to 14.	Total.
520	114	634

(c) Number of children who were given a secondary or reinforcing injection (i.e., subsequent to complete full course) during the year 690.

STATISTICS.

(d) Number of children who completed a full course of immunisation against whooping cough during the year:-

Age at 31.12.52. i.e. born in year.	Under 1 1952	1 1951	2 1950	3 1949	4 1948	Total
Number immunised	25	77	31	10	6	149

11. PREVENTION OF ILLNESS - CARE AND AFTER CARE.

This is a very large subject indeed, and although it has been the concern of all health authorities for many years, it will be many more before the additional responsibilities placed upon them by the National Health Service Act can be adequately dealt with.

To mention but a few points, of which health education is, perhaps, the most obvious. This is regarded as the responsibility of every member of the staff, for the personal approach and example are the best method of promoting it. Assistance is available in the form of leaflets and posters, but the subject cannot be properly dealt with until more staff are available to give lectures and demonstrations to many types of audience, supplemented by films and health exhibitions etc. The prevention of road accidents receives much attention, for some 6,000 persons die therefrom each year. But it is rarely appreciated that more people die every year from accidents in and around their homes, many of them from burns and scalds. Many more are injured. These deaths and injuries are, of course, preventable.

Fortunately, it is possible to devote more time to certain other aspects of prevention, notably tuberculosis. For we have a close liaison with the Chest Physician through the attendance of health visitors at his clinics, and by means of case conferences and discussions.

A variety of services has been provided under the "care and after care" scheme, including sick room requisites for home nurses; the follow-up of cases discharged from the larger hospitals; the provision of crutches; special beds; invalid chairs, convalescent home treatment, and extra milk for certain cases of tuberculosis.

This is an appropriate place to refer to the welfare of the aged. It is frequently called the problem of the aged, which is unfortunate, for the old people have done much for the country, and much for their families at a time when the State helped very little. Here the Local Authority's chief job should be the prevention of disease, debility and distress; the obvious agents being the home nurses and the home helps. The provision of suitably designed dwellings and ensuring that their homes are kept in a proper state of repair are also important.

For some old people much is being done in other ways - e.g., home visiting, social clubs, chiropody and "meals on wheels". But there are others who are without these services or the help of relatives, and living in difficult and deteriorating circumstances. They are often unwilling to enter a hostel or home, and eventually have to be admitted to a hospital. In old age, the dividing line between sickness and comparative health is narrow, and an individual may cross and recross it many times. For such individuals, and they are an increasing number, the solution appears to be "the half way house" where, with a little nursing and attention, the individual could be restored to comparative health and return to his or her own home.

Unfortunately, no such 'house' exists in these parts, and there is no choice between hospital and Part III Accommodation (i.e., a home or hostel where the patient must be ambulant and not in need of even temporary nursing).

12. PROBLEM FAMILIES.

As the standards of parentcraft, and, in spite of everything, the physical environment of the bulk of the population have improved so greatly over the last two or three generations, so a sharper emphasis is given to the small minority which is incapable of keeping pace with the general march of progress. This minority constitutes the problem families, and reference has already been made to them in Section 2. In brief, they are families showing social defectiveness of such a degree that they require care, supervision and control, for their own well being, and that of others. A register of such families is kept, and although there are few in this Division, there are others near the border line which is very easily crossed when such things as ill-health, unemployment or crime are added to the family's difficulties.

It is not easy to deal effectively with this problem with our present staff, and judging by results from the large towns, by far the best method appears to lie in the employment of Family Service Units sponsored by the Society of Friends.

13. AMBULANCE SERVICE.

During the year the ambulances previously operated by the Earby and Barnoldswick Urban District Councils on an agency basis were taken over by the County Ambulance Service, and a new depot was opened in Barnoldswick. Silsden Urban district and adjacent parishes continue to be served from the Keighley depot, and Addingham and Beamsley from Guiseley. The remainder of the Division is served by the Skipton depot or the St. John's Ambulance Brigade vehicle at Grassington.

STATISTICS.

	<u>1952.</u>
Mileage covered:	80,523.
Patients carried:	10,138.

AMBULANCE SERVICE - continued

The latest available figures (for the year ending 31st March, 1951) show that over England and Wales the average cost of this service per vehicle per mile was 1/8d. The total cost was £7,411,502.

4. THE SCHOOL HEALTH SERVICE.

The arrangement whereby each child is medically examined at least three times during school life has been continued, along with special examinations and re-examinations as necessary.

Nothing in the National Health Service takes its place, for although a child may be on a doctor's list, that doctor has no particular responsibility towards him unless the child is taken to consult him, whereas the school medical officer has a continual responsibility for the school child whether specifically consulting him or not. Long intervals may elapse during which a child may be suffering from an ailment which he and his parents have failed to appreciate, or become so accustomed to that they no longer notice it, or at any rate, have taken no steps to have it remedied. The service is also proving of value in providing guidance for the Youth Employment Officers in finding work for school leavers for which they are physically and mentally best fitted.

The statistical tables show the general condition of the children as mainly very satisfactory. Many factors contribute to this happy situation; milk in schools, school meals, the better general standard of living of a larger number of people, and not the least, the continuous supervision of the health of the pre-school child, and the education of the mothers by health visitors, either at child welfare clinics or by home visitations.

TABLE 1.

(a) PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants:	1,026.
Second Age Group:	611
Third Age Group:	379

Total: 2,016

Number of other Periodic
Inspections: 197

Grand Total: 2,213

(b) OTHER INSPECTIONS.

Number of Special Inspections:	533
Number of re-inspections:	481

1,014

(c) CLASSIFICATION OF THE GENERAL CONDITION OF ALL PUPILS
GIVEN A ROUTINE EXAMINATION.

Age Group	Number of pupils inspected	(A) Good		(B) Fair		(C) Poor	
		No.	% of Col.2.	No.	% of Col.2.	No.	% of Col.2.
Entrants	1,026	706	68.81.	319	31.00	1	.19
Second age group	611	412	67.00	199	33.00	-	-
Third age group	379	283	75.00	96	25.00	-	-
Other period inspections	197	144	73.00	53	27.00	-	-
Total:	2,213	1,545	69.82	667	30.14	1	.04

(d) PUPILS FOUND TO REQUIRE TREATMENT.

Group	Defective vision (excluding squint).	For any of the other conditions recorded in Table 11A.	Total individual pupils.
Entrants	22	151	157
Second age group	49	68	103
Third age group	54	75	108
Total (prescribed groups)	125	294	368
Other periodic inspections	8	31	37
Grand Total:	133	325	405

TABLE II.

(e) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1952.

(All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection).

Defect or Disease.	Number of Defects.			
	Periodic Inspections.		Special Inspections.	
	Requiring Treatment.	Requiring observation but not treatment.	Requiring Treatment	Requiring observation but not treatment.
Skin	40	9	7	1
Eyes: (a) Vision	133	110	32	57
(b) Squint	35	13	8	-
(c) Other	8	6	4	2
Ears: (a) Hearing	2	8	2	6
(b) Otitis Media	5	7	2	3
(c) Other	3	2	1	2
Nose or Throat	40	145	8	28
Speech	19	16	8	4
Cervical Glands	4	57	3	9
Heart and Circulation	12	58	5	15
Lungs	13	49	9	13
Developmental: (a) Hernia	1	8	-	3
(b) Other	4	102	4	6
Orthopaedic: (a) Posture	21	14	9	7
(b) Flat Foot	52	25	11	5
(c) Other	25	54	12	14
Nervous System: (a) Epilepsy	3	4	3	1
(b) Other	5	11	1	-
Psychological (a) Development	-	3	1	14
(b) Stability	6	8	2	5
Other	37	17	17	10
Total:	468	726	149	206

THE SCHOOL HEALTH SERVICE - continued

(f) ARRANGEMENTS FOR TREATMENT.

Observation and treatment clinics are held in Skipton, Silsden and Barnoldswick.

Special clinics are held for Orthopaedic, Ear, Nose and Throat, Eye and Speech Defects. A Child Guidance Clinic is held every fortnight.

(g) HANDICAPPED PUPILS.

A register is maintained of all pupils who, owing to some mental or physical disability require special educational treatment. At the end of the year, ~~47~~ pupils were included, the division into the various classes being as follows:-

Blind	3	Partially Deaf	1	Physically Handicapped	11
Partially Sighted	2	Maladjusted	6	Educationally	
Deaf	5	Delicate	7	Subnormal	12

Total: 47.

The number of pupils who were away at special schools at the end of the year was 31., the details being as follows:-

Schools for the Blind	2	Schools for the Maladjusted	6
" " " Partially Sighted	1	" " " Delicate	6
" " " Deaf	5	" " " Physically	
" " " Partially Deaf	1	" " " Handicapped	6
		" " " Educationally	
		" " " Subnormal	4

Total: 31

(h) PUPILS UNDER OBSERVATION.

In addition to the pupils classified as handicapped under the Education Act, 1944., 134 children with defects of a less serious or temporary nature were kept under observation during the year.

(i) NETHERSIDE HALL, Threshfield, a residential school for delicate boys whose homes are in the West Riding is situated within the Division. Medical supervision and nursing care are provided by the staff of the department.

(j) DENTAL SERVICE.

The following statistics have been provided by Mr. O.A. Long, Area Dental Officer:-

DENTAL SERVICE -- continued

Number of children inspected	2,843
" " " found to require treatment	2,237
" " " offered treatment	1,950
" " " treated	1,100
" " Attendances	1,737
" " Extractions:	
(a) temporary	1,280
(b) permanent	153
" " General Anaesthetics:	Nil
" " Fillings:	
(a) temporary	246
(b) permanent	1,170
" " Other treatments:	
(a) temporary	137
(b) permanent	583

15 MEDICAL EXAMINATIONS.

Particulars of medical examinations carried out by the Divisional Medical Staff are listed below:-

Entry to County Superannuation Scheme:	40
Teachers and entrants to training colleges:	11
Fitness for work:	25

In addition, certain examinations were carried out under the Children Act, 1948., the Mental Deficiency Acts, and the Education Act, 1944.

